MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/568237

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		/						52						
3		/						53						
4		/						54						
5	1	/						55						
6		/						56						
7		/						57						
8		/						58						
9		/						59						
10		/						60						
11		/						61						
12		/						62						
13		/						63						
14								64						
15								65						
16								66						
17								67						
18								68						
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37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	17							TOTAL DEP.						
TOTAL CLAIMS	13							TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)